

Dear Applicant:

In order to be considered for employment with the Department of Correction, we are requesting your cooperation in completing the attached employment application. This application will be used to complete comprehensive criminal background, motor vehicle, and employer reference checks.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation in a timely manner if you do not give us information we requested. In addition, any applicant who provides unrequested information may be rejected.

The Department of Correction will implement the principles of equal employment opportunity and affirmative action by providing employment and advancement opportunities solely on the basis of job-related skills, ability, and potential.

# CONNECTICUT DEPARTMENT OF CORRECTION

## APPLICATION FOR EMPLOYMENT

### A. PERSONAL BACKGROUND

Position Applying For:					
Name (Last, First, Middle)			SOCIAL SECURITY NUMBER		
Address (No., Street, City, State, Zip)			DATE OF BIRTH		
Telephone Numbers (Include Area Code)			U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, CITIZEN OF:		
Home (        )	Business (        )				
HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES		
HAS YOUR NAME (LAST, FIRST, AND/OR MIDDLE) CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST OTHER NAMES USED:					
<b>VOLUNTARY DEMOGRAPHIC INFORMATION:</b> In order to meet Federal and State reporting requirements and to evaluate the effectiveness of our testing program, it is necessary that the following information be supplied. The data will not be used for discriminatory purposes and will not be considered in an Evaluation of your eligibility for certification.					
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RACE</td> <td style="width: 50%;">SEX</td> </tr> </table>	RACE	SEX
RACE	SEX				
DO YOU HAVE ANY TATTOOS, SCARS OR DISTINGUISHING MARKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE LOCATION AND DESCRIPTION OF TATTOO(S):			
LIST ALL PLACES WHERE YOU HAVE LIVED WITHIN THE LAST 5 YEARS, BEGIN WITH PRESENT ADDRESS			FROM        TO /		
			/		
			/		
			/		
			/		
			/		

### B. EDUCATION

HIGH SCHOOL (If attended more than one, list last one attended)	MAJOR COURSE OF STUDY	
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL SCHOOL	MAJOR COURSE OF STUDY	
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL SCHOOL	MAJOR COURSE OF STUDY	
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY	MAJOR COURSE OF STUDY	CREDITS
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE /UNIVERSITY	MAJOR COURSE OF STUDY	CREDITS
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO

C. LICENSES OR CERTIFICATIONS HELD (e.g., medical, nursing, engineering) SPECIAL SKILLS.

KINDS(S)	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.
DO YOU SPEAK OR WRITE A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, SPECIFY LANGUAGE:			(This information is voluntary unless required by the exam announcement).	

D. MILITARY RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF ENLISTMENT (FROM/TO)
BRANCH OF SERVICE	ACTIVE <input type="checkbox"/> RESERVES/NATIONAL GUARD <input type="checkbox"/>
TYPE OF DISCHARGE	
ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
NAME & ADDRESS OF RESERVE UNIT	
NAME AND RANK OF COMMANDING OFFICER	TELEPHONE NUMBER (       )

E. MOTOR VEHICLE RECORD

DO YOU HAVE A CURRENT AND VALID MOTOR VEHICLE OPERATOR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OPERATOR'S LICENSE NUMBER	TYPE OF LICENSE	STATE	EXPIRATION DATE
HAS YOUR OPERATOR'S LICENSE BEEN REVOKED OR SUSPENDED WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN CIRCUMSTANCES			

F. CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST CRIMINAL OR MILITARY LAW, OR ARE THERE ANY CHARGES CURRENTLY PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES , COMPLETE BELOW. <b>NOTE:</b> YOU ARE NOT REQUIRED TO DISCLOSE THE EXISTENCE OF ANY ARREST, CRIMINAL CHARGE OR CONVICTION, THE RECORDS OF WHICH HAVE BEEN ERASED, DISMISSED, NOLLED, FOUND NOT GUILTY, OR RECEIVED AN ABSOLUTE PARDON.	
DATE	COURT LOCATION	OFFENSE	DISPOSITION

Conviction(s) will not automatically disqualify the applicant from consideration for employment.

## G. STREET GANGS

ARE YOU CURRENTLY A MEMBER OF A STREET GANG? <div style="text-align: right;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div>	IF YES, PLEASE GIVE NAME
HAVE YOU EVER BEEN A MEMBER OF A STREET GANG? <div style="text-align: right;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div>	IF YES, PLEASE GIVE NAME
ARE ANY OF YOUR ACQUAINTANCES MEMBERS OF STREET GANGS? <div style="text-align: right;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div>	IF YES, PLEASE GIVE NAME(S)

## H. FAMILY BACKGROUND

FATHER'S NAME (Even if deceased)
ADDRESS (No., Street, City, State, Zip)
MOTHER'S NAME (Even if deceased)
ADDRESS (No., Street, City, State, Zip)

**PLEASE LIST NAMES AND ADDRESSES OF ALL BROTHERS AND SISTERS**

[illegible]

I. EMPLOYMENT: HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF CONNECTICUT? ☐ YES ☐ NO

HAVE YOU EVER BEEN EMPLOYED BY THE CONNECTICUT DEPARTMENT OF CORRECTION? ☐ YES ☐ NO

IF YOU HAVE BEEN EMPLOYED BY THE STATE OF CONNECTICUT, PLEASE INCLUDE IN YOUR EMPLOYMENT HISTORY LISTED BELOW.

STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT YOU HAVE HELD DURING THE LAST 10 YEARS									
OFFICIAL JOB (Start with most recent title)				COMPANY NAME			TYPE OF BUSINESS		
NAME & TITLE OF IMMEDIATE SUPERVISOR						BUSINESS ADDRESS			
						PHONE NO. (       )			
EMPLOYED FROM (mo)       (yr)		TO (mo)       (yr)		TOTAL (yrs.,mos)		SALARY OR WAGE \$                      PER		HOURS PER WEEK (full time)       (part time)	
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING					
DUTIES (Must Be Listed)									
OFFICIAL JOB (Start with most recent title)				COMPANY NAME			TYPE OF BUSINESS		
NAME & TITLE OF IMMEDIATE SUPERVISOR						BUSINESS ADDRESS			
						PHONE NO. (       )			
EMPLOYED FROM (mo)       (yr)		TO (mo)       (yr)		TOTAL (yrs.,mos)		SALARY OR WAGE \$                      PER		HOURS PER WEEK (full time)       (part time)	
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING					
DUTIES (Must Be Listed)									
OFFICIAL JOB (Start with most recent title)				COMPANY NAME			TYPE OF BUSINESS		
NAME & TITLE OF IMMEDIATE SUPERVISOR						BUSINESS ADDRESS			
						PHONE NO. (       )			
EMPLOYED FROM (mo)       (yr)		TO (mo)       (yr)		TOTAL (yrs.,mos)		SALARY OR WAGE \$                      PER		HOURS PER WEEK (full time)       (part time)	
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING					
DUTIES (Must Be Listed)									

EMPLOYMENT (CONTINUED)

OFFICIAL JOB (Start with most recent title)				COMPANY NAME				TYPE OF BUSINESS			
NAME & TITLE OF IMMEDIATE SUPERVISOR								BUSINESS ADDRESS			
								PHONE NO. (      )			
EMPLOYED FROM (mo)   (yr)		TO (mo)   (yr)		TOTAL (yrs.,mos)		SALARY OR WAGE \$                      PER		HOURS PER WEEK (full time)   (part time)			
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING							
DUTIES (Must Be Listed)											
OFFICIAL JOB (Start with most recent title)				COMPANY NAME				TYPE OF BUSINESS			
NAME & TITLE OF IMMEDIATE SUPERVISOR								BUSINESS ADDRESS			
								PHONE NO. (      )			
EMPLOYED FROM (mo)   (yr)		TO (mo)   (yr)		TOTAL (yrs.,mos)		SALARY OR WAGE \$                      PER		HOURS PER WEEK (full time)   (part time)			
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING							
DUTIES (Must Be Listed)											

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO						IF YES, ANSWER THE FOLLOWING:							
NAME OF EMPLOYER/COMPANY				EMPLOYED FROM (mo)   (yr)		TO (mo)   (yr)		NAME & TITLE OF IMMEDIATE SUPERVISOR					
ADDRESS OF EMPLOYER/COMPANY								TELEPHONE NUMBER (      )					
REASON FOR TERMINATION													

**J. ANTICIPATED NON-COMPLIANCE?**

Is there anything about you that would preclude you from wearing a correctional uniform or working rotating shifts, working weekends, or working in inclement weather, or any other reason that would hamper your cooperating with the Department of Correction and everyday procedures?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

**K. FULL DISCLOSURE**

**NOTE:** The answer to these questions in and of themselves will not preclude you from being hired. It is merely being asked to fully appraise the department of your background and prevent the possibility of compromising you in the future.

Is there anything in your past or present which would embarrass you or the department so as to possibly cause you to compromise the discharge of your duties should you be hired by the Department of Correction?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN.

Do have any relative(s) or cohabitants working for the Department of Correction?

☐ YES ☐ NO If yes, state name, relationship, and facility assigned.

Do you have any family members who are currently incarcerated with or under the jurisdiction of the Department of Correction?

☐ YES If yes, state name, relationship, and facility where incarcerated.

☐ NO If no and your circumstances change, you must immediately notify the Department of Correction To update your file.

I acknowledge that if I am employed by the Department of Correction I am prohibited from visiting, corresponding with or accepting telephone calls from an inmate who is under the custody of the Department (except for an immediate family member and when authorized by the Facility Administrator). For the purpose stated above, immediate family is defined as: a spouse, parent or step parent, child or step child, grandparent or step grandparent, sibling or step sibling, grandchild or step grandchild.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Other than medical purposes, have you ever abused alcohol or drugs?

☐ YES ☐ NO If yes, please explain in detail, ie: type, frequency and date.

**CERTIFICATION:**

I certify that the statements made by me on this supplemental application are true and complete to the best of my knowledge and are in good faith. I understand that if I make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this supplemental application, including employment information, are subject to verification as a condition of employment.

APPLICANT'S SIGNATURE

DATE